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## Home Health Care Services Quarterly

Publication details, including instructions for authors and subscription information:

<http://www.informaworld.com/smpp/title~content=t792306861>

### Of Family, Friends, and Strangers: Caregiving Satisfaction Across Three Types of Paid Caregivers

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**To cite this Article** Kietzman, Kathryn G., Benjamin, A. E. and Matthias, Ruth E.(2008) 'Of Family, Friends, and Strangers: Caregiving Satisfaction Across Three Types of Paid Caregivers', Home Health Care Services Quarterly, 27: 2, 100 – 120

**To link to this Article:** DOI: 10.1080/01621420802022555

**URL:** <http://dx.doi.org/10.1080/01621420802022555>

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# Of Family, Friends, and Strangers: Caregiving Satisfaction Across Three Types of Paid Caregivers

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**ABSTRACT.** This study examines the experiences of 609 family, friend, and unrelated caregivers hired directly by clients under a consumer-directed model of home care. Using telephone survey data of clients and workers in California's In-Home Supportive Services program, this research compares outcomes and identifies predictors of caregiving work satisfaction across these three groups. In the total sample, feeling well prepared for the work predicted higher levels of satisfaction, while being Latino/Hispanic (as compared to being White or Black) predicted lower levels of satisfaction. Predictors varied depending on the caregiver's relationship with the client. In particular, friend caregivers who felt prepared were more satisfied than either strangers or family members. Understanding more about caregiver-client relationships and satisfaction is important to future workforce recruitment and retention efforts.

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Home Health Care Services Quarterly, Vol. 27(2) 2008

Available online at <http://hwc.haworthpress.com>

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doi:10.1080/01621420802022555

**KEYWORDS.** Homecare, caregiver satisfaction, consumer direction, long-term care workforce, family caregivers, friend caregivers

## **INTRODUCTION**

The confluence of population and workforce demographics has resulted in an increase in long-term care needs and a concomitant decrease in the availability of family members to provide such care. Current demographic and social trends place substantial strain on the family's ability to continue to serve as the primary source of care for the elderly and disabled (Pezzin & Schone, 1999). At the same time, there exists a severe shortage of qualified workers in the formal long-term care workforce (Stone, 2004). Given these concerns, it is critical to carefully consider viable alternatives to traditional, unpaid family care that can be used to bolster and augment the potential pool of available caregivers.

Due to the less than optimal conditions experienced by most formal (paid) home care workers—a group that typically receives low wages and inadequate benefits—it is particularly difficult for clients and their families to recruit and retain formal personal attendant care. The lack of a consistently available and well-trained workforce creates concerns for safety and quality of care. Indeed, while the empirical research about home care worker quality is limited, anecdotal evidence suggests that worker characteristics such as length of employment, amount of training received, and level of job commitment may have significant effects on clinical, functional, and lifestyle outcomes for clients (Stone, 2004).

Although there is a vast literature on the experiences and outcomes of family caregivers, little is currently known about caregivers who are friends, neighbors, or acquaintances. When included, they are typically grouped with family, obfuscating potentially important differences. Even less is known about caregivers who traverse the boundaries between informal and formal care and about the factors that predict their satisfaction with caregiving work.

Caregiver satisfaction may have important implications both for worker commitment and retention and for the quality of care and well-being of clients. Although research that directly examines the relationship between caregiver satisfaction and worker or client outcomes is limited and lacks consensus (Hannan, Norman, & Redfern, 2001), a number of studies support the hypothesis that work satisfaction is positively related to worker longevity and quality of care for clients (Karsh, Booske, & Sainfort, 2005; Leveck & Jones, 1996; Robertson et al., 1995).

Broader discussions of work satisfaction often dichotomize its attributes as either extrinsic (i.e., external to the task itself) or intrinsic (i.e., associated with the task itself) (Kalleberg, 1977), and several studies suggest that intrinsic factors play an especially important role in satisfaction with caregiving work, whether paid or unpaid (Barber & Iwai, 1996; Eustis & Fischer, 1991; McCarty & Drebing, 2002). This study analyzes secondary cross-sectional survey data to investigate intrinsic components of satisfaction experienced by three groups of homecare workers hired directly by clients under a consumer-directed model of care: family members, related to the client by blood or by law; friends, unrelated but who knew the client before they started providing care (e.g., neighbors, work associates, acquaintances); and strangers, unrelated and not known to the client before they started providing care.

## LITERATURE REVIEW

### *The Shrinking Pool of Informal and Formal Caregivers*

Between 2000 and 2050, it is expected that the number of people in the United States with long-term care needs will more than double (Friedland, 2004). Currently, while some 62 percent of the elderly population with limitations receive paid or unpaid help, more than one third of elderly people living in the community have unmet needs (National Academy on an Aging Society, 2000). A recent national survey estimates that 44.4 million individuals (21% of the adult population) age 18 and older provide unpaid care to an adult family member or friend who is also age 18 or older (National Alliance for Caregiving and AARP, 2004), and the value of the unpaid health care provided by families is estimated to be worth \$257 billion dollars (Arno, 2002). However, demographic trends elicit concerns about the family's continued ability to provide for the majority of the care needs of the elderly and disabled (Pezzin & Schone, 1999). Between now and 2030, for every person between the ages of 70 and 85, the average number of biological children is expected to decline from 2.5 to about 1.7 (Scharlach, 2001). Furthermore, although women continue to represent the majority of informal caregivers (NAC & AARP, 2004), they are now entering and remaining in the workforce more than ever before (U.S. Bureau of Labor Statistics, 2000).

After informal caregivers, paraprofessional workers are the most essential component of our long-term care system (Stone & Weiner,

2001). But even families that can afford to pay for formal care are likely to encounter restrictions created by a severe shortage of trained and qualified workers to provide such care. In 2002, 37 states identified worker recruitment and retention as major priority issues and, by some estimates, the current paid long-term care workforce would need to more than double to maintain the present ratio of long-term care workers to the population aged 85 and above (Friedland, 2004).

### *Satisfaction with Caregiving Work*

Studies of paid caregiver satisfaction have illuminated the importance of assessing structural factors (e.g., pay, benefits, and lack of upward mobility), environmental factors (e.g., workload, treatment of workers, and lack of time to provide for the “caring” aspects of home care work), and interpersonal factors (e.g., learning from clients’ life experiences and the quality of the client-worker relationship) (Denton, Zeytinoglu, & Davies, 2002; Yamada, 2003). While paid caregiver satisfaction is often linked to financial compensation and benefits, organizational dynamics, and supervisory relationships (Denton et al., 2002; Royse, Dhooper, & Howard, 1988), the satisfaction of unpaid caregivers has been more readily associated with feelings of gratification, usefulness, competence and pride, improved relationships, increased closeness to the care recipient, and the opportunity to reciprocate (Harris, 2002; Hinrichsen, Hernandez, & Polack, 1992).

While studies of consumer-directed home care have focused largely on client outcomes, more recent studies have also compared the experiences and satisfaction of the family members and unrelated workers hired under this model (Benjamin & Matthias, 2004; Dale, Brown, Phillips, & Carlson, 2005). Findings, to date, reveal an interesting mix of worker outcomes.

In an earlier analysis of the current study sample, Benjamin and Matthias (2004) examined potential differences between 618 consumer-directed and agency-directed workers in work-life and worker outcomes. Within the consumer-directed model, they found that in most measures of satisfaction and stress, related workers experienced similar and largely positive outcomes when compared with other nonfamily workers.

Like Benjamin and Matthias (2004), the Cash and Counseling demonstration project also compared family and nonfamily workers hired directly under a consumer-directed program, and similarly found that workers who were related to the client were more likely to report emotional strain. They also found that family workers were more likely to express a desire to receive more respect from the client’s family (Dale et al., 2005).

Both studies indicate that the caregiver's relationship to the client is of consequence to home care worker satisfaction. To expand our understanding of the home care worker experience, we reviewed various studies concerned with caregiver satisfaction and its components, including wear-and-tear, intensity of care, quality of the caregiving relationship, training, and preparedness. In our discussion of these study variables, we begin to integrate what is known about informal and formal caregiver satisfaction.

### *The "Wear-and-Tear" Hypothesis of Caregiving*

Many studies of informal caregiving suggest that the longer the caregiving episode, the more likely the caregiver will experience subjective burden and chronic stress, a notion sometimes referred to as the "wear-and-tear" hypothesis of caregiving (see, e.g., Walker, Acock, Bowman, & Li, 1996). There is some evidence that this experience may also have a parallel in the formal care arena (Royse et al., 1988). Support for the "wear-and-tear" hypothesis is mixed, however, and the original hypothesis has been expanded through the identification of other contributory factors affecting caregiver outcomes, including the amount and type of care given, the caregiver-client living arrangement, the caregiver-client relationship, and the severity of the client's disability/illness. Furthermore, some have found variability in the adult caregiver's adaptation to caregiving, with improvement over time rather than deterioration being the norm (Seltzer & Li, 1996). These varied findings suggest that while certain factors independently contribute to caregiver stress, they also may have additive or paradoxical effects.

### *Intensity of Care*

There is evidence that an increase in the amount of care given negatively affects caregiving satisfaction (Walker et al., 1996). Data from a national survey (Donelan et al., 2002) indicate that unpaid family and friends devote a substantial amount of time to caregiving. Moreover, the intensity of such care (i.e., the number of hours spent providing care within a given time span) may be more pronounced than that given by stranger caregivers due both to the family caregiver's propensity to co-reside (Alecxih, Zeruld, & Olearczyk, 2002), and to the less well-defined boundaries generally attending close relationships. Indeed, family and friend caregivers may be less able to extricate themselves from ongoing demands and stressors and the absence of an "end" to the caregiving responsibilities (or lack of a discrete caregiving role) may contribute to more stress and less satisfaction.

## ***Quality of the Caregiver-Care Recipient Relationship***

Investigations into the subjective experience of family caregiving have produced evidence that interpersonal difficulty and reduced quality within the caregiver-client relationship is a significant predictor of caregiver stress and depression, while heightened relationship quality is a significant predictor of caregiver satisfaction (Cicirelli, 1993; Lyonette & Yardley, 2003). Furthermore, while greater intimacy or affection may act as a buffer from the negative consequences of caregiving, conflicted relations between the caregiver and client may have an even stronger impact on caregiver well-being (Townsend & Franks, 1995).

Mounting evidence suggests that the rewards and stressors associated with family caregiving are also relevant to stranger caregivers. While much research on formal caregiving has focused on extrinsic factors, some has pointed to the lack of opportunities for agency workers to develop extended caregiving relationships with their clients (Barber & Iwai, 1996; McCarty & Drebing, 2002), noting that heightened involvement with the interpersonal aspects of care and greater sense of personal growth have been associated with high job satisfaction and commitment among paid caregivers (Drebing, McCarty, & Emerson Lombardo, 2002; Eustis & Fischer, 1991).

## ***The Links Among Caregiver Training, Preparedness, and Work Satisfaction***

Many caregivers—both informal and formal—receive little or no training to prepare them for their responsibilities, and most family caregivers do little to plan or prepare themselves for either the emotional or practical aspects of organizing future care provision (Giarelli, McCorkle, & Monturo, 2003; Sorensen & Zarit, 1996). Although there is little research on the explicit relationship among training, preparedness, and work satisfaction, some evidence suggests that training may lead to more positive family caregiver appraisal and outcomes, including the potential to ameliorate burden and increase satisfaction (Stolley, Reed, & Buckwalter, 2002).

## ***The Current Study***

In California, the In-Home Supportive Services (IHSS) program offers two different models of personal care services to low-income disabled consumers: agency-directed and consumer-directed (Doty, Benjamin, Matthias, & Franke, 1999). Under the more traditional agency-directed

model, a homecare agency employs workers who provide service hours to eligible recipients. Under the consumer-directed model, clients hire, supervise, and directly pay a caregiver of their choice, including family members, friends, or strangers. Using secondary telephone survey data gathered from a sample of 609 homecare workers (Benjamin, Matthias, & Franke, 2000; Doty et al., 1999), this paper investigates the factors that contribute to, or detract from, their satisfaction with caregiving work. As such, two study questions guide the analysis:

- Are there differences in levels of caregiving work satisfaction across three types of caregivers, that is, among family, friends, and strangers who provide care under IHSS?
- Is the relationship between caregiver type and caregiving work satisfaction conditioned by the duration and intensity of the caregiving experience; the caregiver-client living arrangement; the quality of the caregiver-client dyadic relationship; the amount of training received by the caregiver; and the caregiver's sense of preparedness?

We advance the hypothesis that there are differences in caregiving work satisfaction across family, friend, and stranger caregiver groups. Previous studies indicate that caregivers who provide more intensive care, provide care over a longer period of time, live with the client, have a more conflicted relationship with the client, have less caregiver training, and have a lower level of preparedness will be more likely to exhibit lower levels of satisfaction. Because family caregivers appear more likely than either friend or stranger caregivers to possess a number of these characteristics, we expect they will be least satisfied with caregiver work.

## METHOD

### *Data Collection*

The main objective of the original IHSS study was to compare client-directed and traditional agency models for providing supportive services at home to better understand the experiences of clients and workers under these different supportive service arrangements. Data were collected using Computer Assisted Telephone Interviewing (CATI) and interviews were completed between late 1996 and early 1997. Probability, stratified sampling was done in two stages. First, a random sample of 1,095 adult

clients was drawn and stratified by service model (i.e., client-directed and traditional agency), by age (over and under 65), and by program-assessed client impairment (severe and not severe). Second, the provider sample ( $n = 618$ ) was randomly drawn from the pool of workers serving the sampled clients and stratified by service model (for a more detailed account, please see Doty et al., 1999). From this group of workers, 130 were related providers (21%), 79 identified themselves as friends or neighbors (13%), 400 were not previously known to the client (65%), and 9 (1.5%) were not identified (i.e., missing data). In the current analysis, the latter were excluded, resulting in a sample size of 609.

## Measures

*Caregiving Work Satisfaction.* In the original study, four independent dimensions of caregiving work satisfaction were identified through factor analysis of 20 satisfaction items (Benjamin & Matthias, 2004; Benjamin et al., 2000; Doty et al., 1999). The first factor is entitled “interpersonal dynamics and demands.” Because it explained the largest amount of variance in satisfaction, and most closely reflects intrinsic satisfaction, this factor was used as the basis of this study’s satisfaction scale. Five measures of caregiving work satisfaction that specifically assess caregiving job demands and the client’s attitude toward the caregiver were summed and the means computed. Items include: “too much responsibility in the job,” “sometimes provider (i.e., caregiver) has to hurry,” “sometimes provider needs to ignore client,” “client needs to be more respectful,” and “client thinks of provider as a maid” (5-point scale: *strongly agree* – *strongly disagree*; range: 1–5;  $\alpha = 0.60$ ). Although the alpha fell below the optimal level of 0.70, the results suggest a reasonable measure of reliability.

*Demographics.* Selected caregiver demographics include gender, age, race/ethnicity, marital status, level of education, and self-reported health status. To ensure that the number of observations per cell was sufficient for chi-square analysis, categories for the variables measuring education and health were collapsed.

*Predictors of Caregiving Work Satisfaction.* “Duration of care” is measured by the number of years the caregiver worked with the client. “Intensity of care” reflects the number of paid hours worked as an IHSS homecare provider during the last work week. “Living arrangement” is based on whether the caregiver lived with the client. “Quality of the relationship” examines closeness and conflict between the caregiver and client. “Closeness” is measured by summing and computing the

mean score of three items: how close the caregiver feels to the client; how well the caregiver gets along with the client; and the degree to which the caregiver feels they can tell their troubles to and share their feelings with the client (*range: 1.33–4.33*;  $\alpha = 0.64$ ). “Conflict” is assessed with a one-item measure of the frequency with which the caregiver experienced conflict between what the client wanted them to do and what they wanted to do (*range: 1–5*). “Training” has two components: the first tallies the number of areas in which the respondent received training (*range: 0–6*) while the second uses a 5-point scale to assess the overall amount of formal home care training received. “Preparedness” is measured with a single item 5-point scale that asks how well prepared the caregiver felt to do the required tasks when they first began the IHSS job.

### *Data Analysis*

Frequencies and descriptive statistics provide a demographic profile of the total caregiver sample as well as a comparative portrait of each of the three caregiver types. Chi-square analyses and one-way ANOVAs are used to identify any significant differences between caregiving work satisfaction and predictor variables within the family, friend, and stranger subgroups. One-way ANOVAs are also used to determine differences in caregiving work satisfaction among the categorical predictor variables. Finally, a four-step ordinary least-squares regression model was conducted in which blocks of demographic variables, hypothesized theoretical predictors, and interaction terms are sequentially introduced into the regression equation to further elucidate subgroup differences in caregiving work satisfaction among family, friends, and strangers.

## **RESULTS**

### *Caregiver Characteristics*

Table 1 presents a demographic profile of the caregiver sample. Of the 609 caregivers, 90.5% (559) are female, with stranger caregivers more likely to be female (96%) than either family or friend caregivers (both 81%). Caregiver age ranges from 17 years to 82 years with a mean age of 48.8. Thirty-nine percent of the caregivers are Latino/Hispanic, 35% are White Non-Hispanic, and 17% are Black/African American. Asian/

TABLE 1. Selected caregiver demographics

	Total N = 609 %	Family N = 130 %	Friends N = 79 %	Strangers N = 400 %	Significance Tests
<b>Gender</b>					
Female	91	81	81	96	$\chi^2 = 35.87^{***}$
<b>Age</b>					
Mean (Sd)	48.75 (12.8)	47.15 (13.6)	47.75 (13.6)	49.46 (12.4)	F = 1.84
<i>Range (17–82)</i>					
<b>Race/Ethnicity</b>					
White/Non-Hsp	35	41	45	32	$\chi^2 = 14.98^*$
Latino/Hispanic	39	32	25	44	
Black/Afr Am	17	16	22	16	
Api/Nat Am/Oth	9	11	8	8	
<b>Marital Status</b>					
Married	42	40	26	46	$\chi^2 = 24.90^{**}$
Never Married	20	22	39	17	
Divorced	19	21	23	18	
Widowed	10	9	6	11	
Separated	8	8	6	8	
<b>Level of Educ</b>					
Less Than Hs	36	33	30	39	$\chi^2 = 8.13$
Hs Grad	31	26	32	32	
More Than Hs	33	41	38	29	
<b>Health Status</b>					
Excellent	24	30	18	23	$\chi^2 = 9.28$
VeryGood	29	26	30	29	
Good	34	26	35	36	
Poor Or Fair	14	18	17	12	

\* $p \leq 0.05$ ; \*\* $p \leq 0.01$ ; \*\*\* $p \leq 0.001$ .

Pacific Islanders represent 2.9% of all caregivers, while Native American and Other ethnic groups represent 5.9% collectively.

There are no significant differences across caregiver groups with respect to age, health status, or educational level. On certain characteristics (e.g., gender and age) family and friend caregivers are more similar to each other than they are to stranger caregivers. With respect to marital status, however, a larger proportion of friend caregivers (39%) had never married as compared to family (22%) and strangers (17%). Family members and friends are slightly more likely to have attended some college than strangers (41%, 38%, and 29%, respectively).

### *Differences Among Caregiver Types*

Table 2 reports the results of one-way analyses of variance and one chi-square conducted to evaluate the relationship between caregiver type and the eight predictor variables. Significant differences in means were found among caregiver types in all predictors except caregiver's perceived preparedness, suggesting, in general, a good deal of variance across the experiences of family, friends, and strangers.

Post-hoc comparisons using the Scheffe test or the Dunnett T3 test (as appropriate) were conducted to evaluate pairwise differences among the means. Not surprisingly, family members were more likely to feel close to the client than either friends ( $p = 0.000$ ) or strangers ( $p = 0.000$ ), while friends were more likely than strangers to feel close ( $p = 0.000$ ). As expected, family members were more likely to report a higher frequency of conflict with the client than were strangers ( $p = 0.000$ ); however, there were no significant differences in conflict between friends and family, or between friends and strangers.

### *Differences in Caregiving Work Satisfaction*

As shown in Table 3, significant mean differences exist in caregiving work satisfaction for five of seven categorical predictors. Post-hoc comparisons were conducted to evaluate pairwise differences among the means. For the primary predictor—caregiver type—there were significant differences among groups, with both family and friend caregivers exhibiting higher levels of satisfaction than strangers ( $p = 0.001$  and  $p = 0.000$ , respectively). Also notable, female caregivers were significantly less satisfied than male caregivers ( $p = 0.000$ ), while Hispanic/Latino caregivers were less satisfied than either White/Non-Hispanic ( $p = 0.000$ ) or Black/African American caregivers ( $p = 0.000$ ).

### *Predictors of Caregiving Work Satisfaction*

Table 4 presents the results of a four-step ordinary least-squares regression conducted to predict level of caregiving work satisfaction. The sample ( $n = 533$ ) includes only those who responded to all questions used for the analysis. All four regression equations were statistically significant. Predictor variables were added in a series of blocks and each model produced a significant change in  $R^2$ . The first step (Model 1) introduced the demographic variables (adjusted  $R^2 = 0.116$ ,  $p \leq 0.001$ ). The variables "caregiver type," "race/ethnicity," and "marital status" were dummy

TABLE 2. Mean differences in continuous predictors among caregiver types

Variable (Range)	Total N = 609		Family N = 130		Friends N = 79		Strangers N = 400		Significance Tests
	Mean (SD)		Mean (SD)		Mean (SD)		Mean (SD)		
<b>Duration of Caregiving</b> (0–33 Yrs)	6.57 (6.03)		4.47 <sup>a</sup> (4.34)		5.90 <sup>ab</sup> (6.34)		7.38 <sup>b</sup> (6.27)		<b>F=12.36***</b>
<b>Intensity of Caregiving</b> (0–168 Hrs prev. week)	26.31 (21.70)		22.32 <sup>a</sup> (29.23)		24.62 <sup>a</sup> (21.07)		27.98 <sup>a</sup> (18.55)		<b>F=3.53*</b>
<b>Living Arrangement</b> Lives With CR <sup>1</sup> (%)	17	61		24		2			<b><math>\chi^2=242.46***</math></b>
<b>Closeness with CR<sup>1</sup></b> (1.33–4.33; 4.33 = Closest)	3.11 (0.72)		3.78 <sup>a</sup> (0.53)		3.43 <sup>b</sup> (0.63)		2.83 <sup>c</sup> (0.61)		<b>F=134.96***</b>
<b>Conflict with CR<sup>1</sup></b> (1–5; 5 = Most Conflict)	1.64 (0.78)		1.94 <sup>a</sup> (1.05)		1.70 <sup>ab</sup> (0.97)		1.53 <sup>b</sup> (0.85)		<b>F=9.86***</b>
<b>Sum of Training</b> Activities (0–6)	2.89 (1.55)		2.43 <sup>a</sup> (1.56)		2.78 <sup>ab</sup> (1.80)		3.05 <sup>b</sup> (1.47)		<b>F=8.25***</b>
<b>Overall Amount of Training</b> (1–5; 1 = None, 5 = A Lot)	3.23 (1.28)		2.67 <sup>a</sup> (1.35)		3.09 <sup>ab</sup> (1.46)		3.43 <sup>b</sup> (1.17)		<b>F=18.85***</b>
<b>Level of Preparedness</b> (1–5; 5 = Most Prepared)	3.82 (1.00)		3.83 <sup>a</sup> (1.05)		3.99 <sup>a</sup> (0.91)		3.78 <sup>a</sup> (1.00)		<b>F=1.36</b>

\*p ≤ 0.05; \*\*p ≤ 0.01; \*\*\*p ≤ 0.001<sup>1</sup> CR = care recipient.<sup>abc</sup>Means in the same row that do not share superscripts differ at p ≤ 0.001 in Scheffe or Dunnett T3 post hoc multiple comparisons.

TABLE 3. Mean differences in caregiving work satisfaction among categorical predictor variables (higher score = greater satisfaction)

Variable	Mean	SD	Significance Tests
<b>Caregiver Type</b>			
Family	3.47 <sup>a</sup>	0.66	<b>F = 12.21***</b>
Friend	3.56 <sup>ab</sup>	0.71	
Stranger	3.22 <sup>c</sup>	0.69	
<b>Gender</b>			
Female	3.30	0.71	<b>F = 12.50***</b>
Male	3.63	0.52	
<b>Race/Ethnicity</b>			
White/Non-Hisp.	3.52 <sup>a</sup>	0.62	<b>F = 16.67***</b>
Latino/Hispanic	3.09 <sup>b</sup>	0.71	
Black/Afr. Am.	3.47 <sup>ac</sup>	0.65	
Api./ Am. Ind./ Other	3.30 <sup>abc</sup>	0.75	
<b>Marital Status</b>			
Married	3.32 <sup>a</sup>	0.69	<b>F = 0.591</b>
Never Married	3.35 <sup>a</sup>	0.72	
Divorced	3.36 <sup>a</sup>	0.69	
Widowed	3.37 <sup>a</sup>	0.73	
Separated	3.19 <sup>a</sup>	0.70	
<b>Living Arrangement</b>			
Lives with CR <sup>1</sup>	3.32	0.67	<b>F = 0.013</b>
Doesn't Live w/CR <sup>1</sup>	3.33	0.70	
<b>Level of Educ.</b>			
Less than HS	3.15 <sup>a</sup>	0.69	<b>F = 11.34***</b>
HS Grad	3.41 <sup>b</sup>	0.72	
More than HS	3.45 <sup>b</sup>	0.66	
<b>Health Status</b>			
Excellent	3.43 <sup>a</sup>	0.68	<b>F = 4.22**</b>
Very Good	3.41 <sup>ab</sup>	0.65	
Good	3.20 <sup>ac</sup>	0.74	
Poor or Fair	3.28 <sup>a</sup>	0.70	

\* $p \leq 0.05$ ; \*\* $p \leq 0.01$ ; \*\*\* $p \leq 0.001$ , <sup>1</sup>CR=care recipient.

<sup>abc</sup>Means in the same column that do not share superscripts differ at  $p \leq 0.05$  in Scheffe or Dunnett T3 post hoc multiple comparisons.

coded for the purpose of analysis (using the reference groups “friends,” “Latino/Hispanic,” and “never married,” respectively). A second step (Model 2) added theoretical predictor variables, that is, duration of care, intensity of care, living arrangement, closeness with client, conflict with client, training, and preparedness (adjusted  $R^2 = 0.190$ ,  $p \leq 0.001$ ). The third step (Model 3) of the regression equation added the primary study

TABLE 4. Ordinary least-squares models predicting caregiving work satisfaction (N = 533<sup>†</sup>)

Variable	Model 1	Model 2	Model 3	Model 4
	$\beta$	$\beta$	$\beta$	$\beta$
<b>DEMOGRAPHICS</b>				
Gender				
Female = 1	-0.089*	-0.083*	-0.072	-0.050
Age	-0.131**	-0.103*	-0.099*	-0.098*
Race/Ethnicity <sup>ii</sup>				
White	0.290***	0.212***	0.217***	0.215**
Black	0.208***	0.169***	0.161***	0.167***
Api./Nat Am/ Other	0.088*	0.072	0.069	0.075
Marital <sup>iii</sup> Status				
Married	0.067	0.060	0.068	0.072
Widowed	0.081	0.069	0.070	0.073
Separated/Divorced	0.010	0.013	0.018	0.026
Level of Educ.	0.081	0.088	0.085	0.091*
Health Status	0.075	0.026	0.033	0.012
<b>THEORETICAL PREDICTORS</b>				
Duration of Caregiving		-0.103*	-0.088	-0.087
Intensity of Caregiving		-0.070	-0.063	-0.055
Living Arrangement		-0.023	-0.091	-0.076
Closeness with CR <sup>iv</sup>		0.065	0.005	0.148
Conflict with CR <sup>iv</sup>		-0.192***	-0.202***	-0.163
Sum of Training		-0.090	-0.074	-0.088
Overall Training		0.039	0.041	0.046
Level of Preparedness		0.147***	0.139***	0.434***
Caregiver Type <sup>i</sup>				
Stranger			0.163**	0.993*
Family			0.008	0.166
<b>INTERACTIONS</b>				
Stranger X Conflict				-0.063
Family X Conflict				0.026
Stranger X Closeness				-.538
Family X Closeness				0.473
Stranger X Preparedness				-0.554*
Family X Preparedness				-0.693**
<b>ADJUSTED R<sup>2</sup></b>	<b>0.116***</b>	<b>0.190***</b>	<b>0.202***</b>	<b>0.228***</b>

\* $p \leq 0.05$ ; \*\* $p \leq 0.01$ ; \*\*\* $p \leq 0.001$ .

<sup>i</sup>Dummy coded (reference group: friend) <sup>ii</sup>Dummy coded (reference group: Latino/Hispanic).

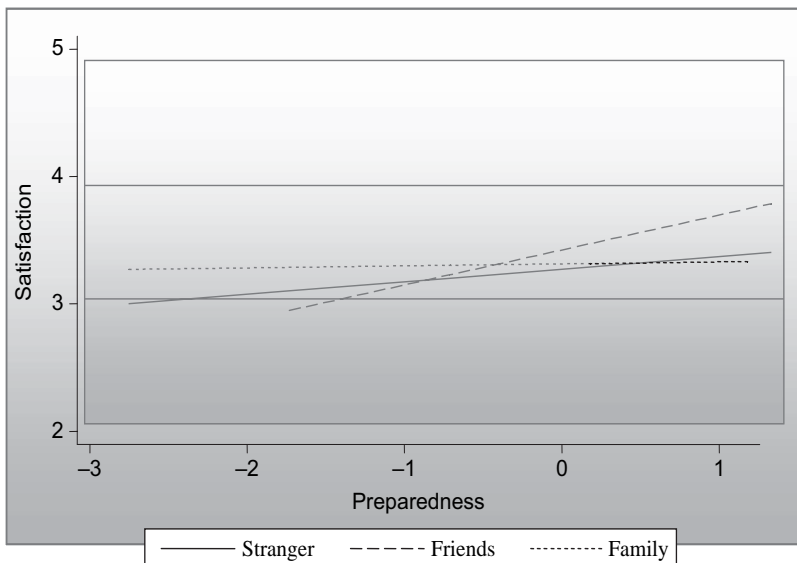
<sup>iii</sup>Dummy coded (reference group: never married) <sup>iv</sup>CR = care recipient.

predictor: caregiver type (adjusted  $R^2 = 0.202$ ,  $p \leq 0.001$ ). In Model 3, being older, experiencing conflict with the client, and being a stranger (versus friend) were significant negative predictors of satisfaction, while being White or Black (versus Latino/Hispanic) and feeling more prepared were positive predictors of satisfaction.

The fourth and final step of the regression (Model 4) added interaction terms that allow us to examine the effect of selected theoretical predictors on satisfaction as modified by caregiver type. Interaction terms were computed between caregiver type and three theoretical predictors that reflect our focus on intrinsic components of satisfaction: conflict, closeness, and preparedness. This model was significant (adjusted  $R^2 = 0.228$ ,  $p \leq 0.001$ ) and produced a significant change in  $R^2$  of 0.034,  $p \leq 0.001$ . All significant predictors from Model 3 of the regression remained significant for Model 4 except conflict. Being a stranger, versus being a friend, shifted from being a negative predictor to a positive (though small) predictor. Also, education emerged as a significant positive predictor of satisfaction.

Two of the six interaction terms introduced in Model 4 were significant: the interaction of preparedness and stranger (vs. friend) and the interaction of preparedness and family (vs. friend). Figure 1 presents a graph of the

FIGURE 1. Interaction between Caregiver Type and Preparedness.



interaction effects of caregiver type and preparedness on caregiving work satisfaction. It reveals that friend caregivers who feel more prepared are more satisfied with caregiving work than either family or strangers. Family caregiver satisfaction stays at about the same level, irrespective of an increase in level of preparedness. Family members who feel the most prepared are less satisfied than friend caregivers who feel most prepared. Finally, although strangers who feel the most prepared appear to be slightly more satisfied than family members, their level of satisfaction at this juncture is markedly lower than friend caregiver satisfaction.

## DISCUSSION

### *Caregiving Work Satisfaction*

Understanding caregiving work satisfaction is important when considering strategies that can be used to bolster and augment the diminishing pool of available caregivers for those with long-term care needs. Indeed, a growing literature supports the notion that worker satisfaction is positively related both to caregiver retention and, importantly, to positive outcomes for clients (Karsh, Booske, & Sainfort, 2005; Leveck & Jones, 1996; Robertson et al., 1995); continued investigations of these relationships is warranted, particularly those that examine worker satisfaction in the context of home care.

This study examined three types of paid caregivers—family, friends, and strangers—and identified several significant predictors of caregiving work satisfaction, some of which partially supported our hypothesis. Across all caregiver types we found that being more prepared or more educated predicted higher levels of satisfaction, while being older or Latino/Hispanic predicted lower levels of satisfaction. Furthermore, the interactive effects of caregiver type and preparedness revealed that friend caregivers who felt most prepared were more satisfied with their caregiving work.

### *Quality of the Caregiver–Care Recipient Relationship*

Not surprisingly, family caregivers felt closer to and experienced more conflict with their clients than did friends or strangers. However, neither closeness nor conflict was a significant predictor of satisfaction. Although this finding appears to contradict previous studies highlighting the importance of relationship quality in predicting satisfaction (Cicirelli, 1993;

Lyonette & Yardley, 2003; Townsend & Franks, 1995), it is possible that emotional closeness may increase caregiving work satisfaction for some while reducing it for others. On the one hand, feeling close to the client may elicit a sense of gratification related to the nature of the interpersonal relationship; alternatively, emotional closeness may make it difficult to distance oneself from the stress associated with the client's condition. Similarly, while conflict experienced between the caregiver and client may lead to diminished satisfaction for some, for others it may function as a coping mechanism that helps the caregiver attain some emotional distance from the client, providing a buffer that ultimately contributes to their satisfaction. Future studies are needed to carefully examine these complex relationships.

### ***Caregiver Preparedness***

Preparedness emerged as a significant and positive predictor of satisfaction. Moreover, feeling more prepared predicted higher levels of satisfaction among friend caregivers when compared to family and stranger caregivers. Perhaps the nature of the relationship contributes to higher levels of satisfaction among friends who feel prepared; for example, maybe friends exercise more choice in the decision to provide care than either family members (who may feel the most obligated) or strangers (who may be most compelled by the need for employment).

Motivation for assuming the caregiver role may further illuminate differences in the effects of preparedness on satisfaction across caregiver types. While friend caregivers may initially become engaged in caregiving for altruistic reasons, they are probably more likely than family caregivers to also view caregiving as a vocation. Therefore, increased levels of satisfaction among the most prepared friend caregivers may reflect expectations about caregiving work that are quite different from those of family caregivers, who are less likely to think of caregiving as a job, and those of stranger caregivers, who ostensibly have approached caregiving as a job from the start. In terms of preparedness, while stranger caregivers are more knowledgeable and "professional" about caregiving, and family caregivers are more knowledgeable about the client, friends may have neither of these advantages, and thus have the greatest opportunity for growth.

### ***Other Findings***

Although not the primary focus of the study, the findings regarding race/ethnicity are of particular interest. An earlier analysis of IHSS

caregivers found ethnicity to be a strong predictor of satisfaction (Benjamin & Matthias, 2004). In the present study, being Latino/Hispanic was a negative predictor of satisfaction. One possibility is that many of the Latino/Hispanic caregivers in this sample are caring for someone from a different racial/ethnic background and, as a result, experience a lack of congruence in culture, values, and beliefs; a mismatch with regard to communication style; or a language barrier affecting the quality of the relationship. Alternatively, the ways in which Latino/Hispanic caregivers experience or define satisfaction may vary from other ethnic groups and therefore, they may hold different expectations about their work experience. Clearly, this is an important finding that requires further investigation.

### *Limitations*

This study is not without limitations. First, the data are drawn from a cross-sectional survey. As such, no statements of causality can be made. Satisfaction is not a static concept and a longitudinal study would allow us to integrate temporal factors into our analysis that might reveal events that either increase or decrease its expression.

Second, the measure of caregiving work satisfaction presented here is rather narrowly defined, representing only a partial dimension of a broad and complex concept. As a result, the analysis may be limited and must be understood within certain definitional constraints.

Third, the data were collected 10 years ago, and although California's IHSS program has been relatively stable and worker demographics have not experienced substantial changes in the interim, some counties have seen an increase in home care worker pay rate and benefits. While improved compensation is likely to affect the extrinsic satisfaction levels of IHSS workers, regardless of their relationship to the client, it is not expected to affect the fundamental nature of the caregiver-client relationship and the intrinsic facets of satisfaction studied here. Therefore, we expect that the findings reported here are still largely applicable to the current IHSS workforce.

Finally, the sample of caregivers drawn from California's IHSS program represents a specific population, working for a consumer-directed program guided by state-negotiated policies and practices. Therefore, the ability to generalize these findings to other paid family, friend, or stranger caregivers operating under different types of programs may be limited.

## Conclusions

The results of this study have implications for long-term care workforce development policy and practice. First, the finding that satisfaction is influenced by the caregiver's sense of preparedness highlights the salience of incorporating a more proactive component into caregiver policies and programs, ideally one that is offered in the early stages of a caregiving episode. In particular, programs offering a combination of educational and psychological strategies designed to increase knowledge and support the caregiver's sense of preparedness are indicated.

Second, the discovery that friend caregivers who feel more prepared are more satisfied than family members or strangers warrants further investigation. What is it about the friend relationship that lends itself to increased caregiving work satisfaction when feeling more prepared? Are friends under less pressure? Are their motives more purely voluntary (e.g., not having to provide care for obligation or money)? If so, how does this "freedom of choice" interact with feelings of preparedness? Perhaps feeling prepared goes beyond just knowing *what* to do, to include being mentally prepared (i.e., both willing and able) to do it.

Finally, the suggestive findings regarding race and ethnicity indicate that interventions designed to enhance communication skills between caregivers and clients may be in order, particularly where cultural or linguistic barriers to effective communication may exist.

This study supports the notion that both the nature and the quality of the relationship to the client are important in assessments of homecare worker satisfaction. Attention to differences in caregiving work satisfaction may illuminate strategies for increasing satisfaction among family, friends, and strangers, and contribute to efforts to expand and retain the available pool of caregivers in long-term care.

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